

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.
09/622184

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		/		1		
3		/		1		
4	/		1			
5	/		1			
6		2		2		
7		3		2		
8		3		2		
9		3		1		
10		2		5		
11		3		3		
12		3		3		
13		3		3		
14		3		3		
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29		3		3		
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34		3		3		
35	/		1			
36				1		
37				1		
38				1		
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49						
50						
TOTAL IND.	1		4			
TOTAL DEP.	87		89			
TOTAL CLAIMS	88		93			

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS